

AN AMERICAN PRECURSOR OF FREUD*

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TO MOST people, doctors included, Freud's name is associated with sex. Of all the new and revolutionary concepts that he introduced into the mental and allied sciences, none are as conspicuous as his theories on the role of sex in normal and abnormal life. Before I introduced Freud here, I was well aware that there was considerable opposition to his sexual theories. I witnessed many of these controversies abroad while I was a member of Eugen Bleuler's staff at Burghölzli, Zurich, the first psychiatric clinic which opened its doors to Freud. I was, therefore, pleasantly surprised at the sympathetic reception of my first paper on Freud's theories, which I presented before the Section of Neurology and Psychiatry of this Academy on October 11, 1909.¹

This pleasant feeling, like all emotions of this nature, did not last very long; the resistance to Freud's teachings kept on increasing and reached a high level soon after the appearance of my translation of his *Three Contributions to the Theory of Sex*.^{2,3} As his sole representative here, I naturally became the principal target for all the senseless and foolish attacks that were directed at Freud. But, somehow, I could not take these criticisms seriously, for I knew that long before Freud was on the scene, neurologists and psychiatrists had more than an inkling concerning the role of sex in the neuroses. They frequently advised marriage for hysterical, schizophrenic and other psychotic women on the assumption that sex would cure their maladies. I also recalled that while I was a medical student, the professor of neurology and psychiatry, M. Allan Starr, taught us that sexual excesses played a part in the etiology of organic and functional nervous diseases, despite his present objection to Freud's views. As a matter of interest, I then examined the pre-Freudian psychiatric literature and found that every textbook on nervous and mental diseases which appeared in the 19th century and in the beginning

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of this century, numbered sexual abuses among the etiological factors of the neuroses and psychoses. One finds plenty of sexual material in the works of Esquirol, Maudsley, Griesinger, William and Graeme Hammond, Spitzka, Handfield, Bandy and Krafft-Ebing. T. S. Clouston,⁴ who wrote in the beginning of this century, describes uterine or amenorrheal insanity, ovarian or "old maid's insanity," and insanity of masturbation; and in 1911 Church and Peterson gave masturbation and sexual excesses in the general etiology of insanity.⁵ In view of all this, I concluded that we dealt with two classes of critics—those who were actuated by some personal complex and those who were honest seekers after the truth. The former were incapable of conviction, while the latter, who objected to Freud's interpretations of neurotic symptoms on a sexual basis, invariably gave up their opposition as soon as they understood Freud's theories of sex. I fully sympathized with this class of critics, for I knew that no one had hitherto interpreted psychoneurotic symptoms sexually. But, said Koheleth: "And there is nothing new under the sun."

While returning from a trip abroad on the *Normandie*, in 1936, I had the pleasure of meeting the late President of the Borough of Brooklyn, Mr. Raymond V. Ingersoll, whom I had known personally for some years. During one of our promenades on deck, I learned with interest that he was the son of a physician, that his father had specialized in the treatment of nervous diseases and that he anticipated some of the theories which were later advanced by Professor Freud. As a result of this conversation, and later investigation, I shall now present something of the life and theories of Dr. A. J. Ingersoll, founder of the Pinewood Sanitarium of Corning, New York. I might begin by saying that after reading his book, entitled: *In Health*,⁶ and from personal information obtained from his distinguished son, who died only recently, I feel that Dr. Ingersoll was in many respects the American forerunner of Freud.

Dr. Andrew J. Ingersoll was born in 1818, near Hammondsport, New York, and died in Corning, New York, in 1893. He came from a long line of New England ancestors. His father was an energetic farmer near Lake Keuka, a Jackson democrat, and a strong Presbyterian. The family was large, and Andrew had little opportunity of getting even a common school education. From early life he became habituated to the hard and steady labors of the farm, but he always showed a strong curiosity for knowledge and spent most of his leisure time in reading. He seemed to have been early impressed by the mysteries of life; as he puts

it: "From my earliest recollection a desire to comprehend human life possessed me."⁶ At the age of 24 he resolved to prepare himself for the ministry, but he soon became confused by theological problems, and after some struggle he gave up the idea of becoming a preacher.

It is interesting to note that his doubts revolved around the question of the origin of God. He states that he believed that every design must have a designer, and he could not comprehend who was the designer of God himself. It was this obsessive rumination which finally forced him to abandon the ministry and "to disbelieve everything which my unregenerated rational nature could not understand."⁶ We learn that he was then called an infidel, that he did not believe in Christ, nor that the Bible was the word of God, but he did believe that there was a God.

Those conversant with psychoanalytic thought will readily understand the meaning of such a conflict. It is always based on a phase of early infantile sexual investigation, which usually comes to an end through some energetic sexual repression. Behind such obsessive ruminations, there is always the question: "Where did I come from, how was I born?" In a distorted way it is represented by the well known riddle of the Sphinx.³ Judging by many similar cases and by the issues of this case, which will be presently shown, it is safe to assume that the young theological student's obsessive doubts were based on a repressed infantile sexual investigation; that the early sexual curiosity became more or less inhibited through religious forces; and that the repression later broke through and came to the surface as the obsessive question about the origin of God.

But experience teaches that such a psychic crisis is never monosymptomatic. One would, therefore, expect to find other symptoms besides the doubts mentioned. That this was actually the case is confirmed in his biography, where we read that in addition to his religious entanglement, there was an internal unrest and discontent, together with some troubles at home, which reduced him to sickness and unfitted him for active work.⁷ Our future psychotherapist evidently went through a conflict on the basis of an unresolved Oedipus situation, which must have raged within him for some time. His final resolve to become a physician, "to be of service to the sick," as he puts it, was undoubtedly influenced by his Quaker mother, of whom we are told that she was always in demand wherever there was sickness or other trouble.⁸

To become a physician was not so difficult in those times. In 1842-43

there was no Board of Regents; anyone so inclined, particularly in rural communities, could take up the practice of medicine. It is to be noted, however, that years later when the practice of medicine in New York State was legalized, Dr. Ingersoll was duly licensed on his record, so that for about 20 years before his death he was a legal practitioner of medicine in this State.

That the former theological student solved his neurotic conflict by becoming a physician is especially interesting. He evidently had considerable insight into his own state; he knew he was ill and that his sickness was caused by mental and spiritual strife. He took up mental healing because unconsciously or consciously he wished to heal himself. From the very beginning of his career Dr. Ingersoll's interest was centered on the sexual and on the mental processes. He never used medications; he was what they called a "drugless physician." Besides hydrotherapy, which he administered rather crudely, he relied entirely on psychic measures. He believed that there is a natural curative power or tendency in the human body, which does the work of restoration, and that he had the power to promote it. He first discovered that he could relieve headaches and other complaints with his hands,⁷ and then he developed the method of "hanging the head" therapy, which consisted of a "simple dropping of the chin upon the breast, accompanied by a complete relaxation of body and mind." He claimed and demonstrated through many cases that physical strength was rapidly regained by such relaxation and surrender of will. That such simple treatment should have been efficacious will surprise no one who knows anything about suggestive therapy. For it is not the method, but the personality behind it that cures.

Dr. Ingersoll was very eager to give others the benefit of his experience without any compensation, but at first he confined his treatment to men only. As time went on, his system underwent a definite modification and gradually assumed an eroto-religious character. He tells us that for a number of years after he became a psychotherapist he had no definite religious belief, nor did he understand the power by which he cured the sick. One gathers that his internal struggle continued unabated in the form of a tension between the *Ego* and the *Superego* of his mental personality.⁸ On the one hand, he rejected religion; on the other hand, he could not dismiss the thought that he was *not* religious. In addition to the religious conflict, he displayed a marked sensitiveness towards the problem of sex. This came to a climax when a friend asked him to treat

his wife, who was seriously ill. Dr. Ingersoll states that he was anxious to help the woman, but fearing lest in his treatment he would have wrong thoughts towards her, he refused the case. But as his friend persisted in begging him to help his wife, Dr. Ingersoll finally consented to consider the matter. That night while "hanging his head," something from within seemed to say, "If you surrender your will in deep desire for help, I will keep you pure in thought. Something within seemed to assure me that He would protect me if I would trust my sexual nature to His care. I did so and His promise was fulfilled."⁶ Here, we get a glimpse of the deep struggle between his primitive and ethical nature, *i.e.*, between his *Ego* and the *Id*.⁸ He was evidently afraid of trusting himself with women and strove to master the mechanism of transference, concerning the force of which we have learned so much from Freud. It is remarkable that although untutored in normal and abnormal psychology and under the stress of a deep conflict, Dr. Ingersoll not only frankly recognized this force, but also controlled it properly through sublimation by surrendering to the commands of the *Superego*, which he naturally conceived as the Holy Spirit. Thus, his conflict between his sexuality and religion was settled on a basis of compromise. By identifying his own conflicting tendencies with those of his patients, he was able to sublimate his libido on a basis of religion, and thus hold in check the schizoidism which threatened to undermine his personality. However, the final adjustment of his sexual life was probably not effected until the age of about 43, when he married one of his patients, Miss Ellen S. Vail, the daughter of an old Quaker family, with whom he begot seven children, six of whom grew up into useful and distinguished citizens.

Before proceeding to illustrate to what extent we are justified in calling Dr. Ingersoll an American forerunner of Freud, I wish to forestall some arguments that may be brought against this assumption. I have already stated that Dr. Ingersoll had no medical or any other standard education, in our sense of the term; he was, as it were, a self-made psychotherapist, while Professor Freud we know was one of the most educated, learned, medical men of his time. There is, therefore, no comparison between these two men in this respect. The Freud whom we have in mind when we speak of Dr. Ingersoll as his precursor, is the developer of the mechanisms of the *unconscious*, of *repression*, *sublimation*, *transference*, *resistance*, and last, but not least, the discoverer of the great part that *sex* plays in the neurotic symptoms. Making due allowances, there-

fore, for the differences in the backgrounds of the two men, it is, nevertheless, very remarkable that without any medical or other education to speak of Dr. Ingersoll should have perceived and expressed these mechanisms, no matter how simple and crude they sound in comparison to Freud's scientific elaborations.

In 1896 Freud said: "In a normal sexual life no neurosis is possible." In 1877 Dr. Ingersoll said: "From my experience in ministering to the sick, I believe that disease originates in unregenerated sexual life."⁶ Freud repeatedly insisted that sex is an integral part of the individual and must be considered as a basic part of normal or abnormal behavior. Dr. Ingersoll states: "We are so constituted that we cannot look with a condemnatory spirit upon any part of our organism, without creating disease in that part; showing clearly that 'a house divided against itself cannot stand.'"

According to Freud only a small part of sex is lived through in the primitive sense; the rest must be *sublimated* or deflected to higher social or esthetic aims. Dr. Ingersoll says: "All sensations of sexual feeling should be committed or yielded to Christ. To do this there should be thankfulness for it, and mercy and good will towards it, at the moment there is consciousness of it."⁶ In other words, it is not a surrender of sex in an ascetic or monastic sense, but in an exaltation of the body.

All medical authors who wrote about unconscious mental activity invariably spoke of the "subconscious"; Dr. Ingersoll always speaks of the *unconscious*, a term exclusively used by Professor Freud and his School. Speaking of the unconscious manifestations of resistance, he states: "Fear of conception causes rigidity of the *constrictor vaginae* muscle, and through this rigidity all the muscles become tense, creating more or less soreness in the whole body."⁶ In a simple way Dr. Ingersoll expresses here the Freudian mechanisms of *conversion* and *displacement*, the meanings of which are too well known to need further elaboration.

Dr. Ingersoll's formula for the treatment of such cases is expressed in the following sentence: "All who thus suffer, should desire sexual life, and reverence and gratitude for every consciousness of it." The psychotherapist of today would not be so sure that "Then the muscles will relax and the suffering cease,"⁶ as soon as the patient would accept the interpretation. We often know the meaning of the symptoms after a short period of study, but it requires many hours, weeks or months before the patient is capable of accepting the unconscious meanings of

the symptom. However, Dr. Ingersoll was well aware that his interpretations were not always accepted by his patients. He tells us that notwithstanding his many successes, he was unable to lead many of them to seek the redemption of their souls by commitment of their sexual life to Christ, "because Christians generally believe that this infection of nature doth remain, yea in them that are regenerated." He refers here to the ninth article of religion as expressed in the Episcopal Church.⁶

But the doctor was so profoundly convinced of the correctness of his theory that whenever the patient did not recover, or died, it never occurred to him to question his diagnosis. Thus, he cites the case of a lady who for several years had frequent nocturnal attacks of "suppression of the breath," which he interpreted as an effort on her part to crush all her sexual feelings. He told the patient that if she did not stop the effort to suppress her sexual life, she would die in one of these attacks. The patient apparently "insisted that sexual desire was wrong and that she would rather die than have any such feeling."⁸ One night the doctor called to see the patient and found her struggling for breath, and she died in a few minutes. Dr. Ingersoll states: "I can give no other explanation of her disease than that it was caused by the action of the will as described above."⁶

The Doctor tells us nothing of the patient's physical condition; it never occurred to him that death may have been caused by some pulmonary, cardiac, or other physical malady. Still, the doctor's diagnosis may have been essentially correct. Death can be produced by a strong "will to die." We have convincing reports from many competent and reliable observers that primitive people can die at will, and I have shown that people of a neurotic constitution sometimes depart from life in a similar manner.⁹ Dr. Ingersoll seemed to have perceived this idea when he states: "The unconscious action of the will occasioned by fear seems to take possession of the body,"⁸ and then gives the cases of two patients who became debilitated by the will acting *unconsciously** upon their voluntary muscles as a result of their bitter condemnation of the men who made impure proposals to them. One recovered after she forgave the man while the other would not forgive and died soon after leaving his care.⁶ We need not agree with Dr. Ingersoll to be impressed by his anticipation of Freud's concept of unconscious mental activity.

That he considered sex in the broader sense of the Freudian *libido* is

* Italicized by writer.

shown by the following passages: "Sexual life, God's sustaining life in man, is not simply the life of the organs to which He has assigned the most important office of bringing into existence immortal souls." Dr. Ingersoll then goes on enumerating the wide ramifications of sex and ends with the following sentence: "It gives motion to the muscles and life to the nerves, and controls all the actions of humanity."⁶

When one reads his cases, his clinical material, one is still more impressed by the fact that he perceived many of the mechanisms which were later developed by Freud and his pupils. It is more than doubtful that Dr. Ingersoll was influenced by Plato, who first associated hysteria with sex suppression.* As far as we know, Freud was the first modern investigator to give expression to it. But in 1877 Dr. Ingersoll stated that "hysteria is frequently caused by the voluntary suppression of the sexual life."⁶ He gives a number of cases to substantiate this statement, of which the case of Miss C. is a typical example. She was unable to move, speak, or even whisper, and had not menstruated in 18 months. He told her that she had no organic disease, but that her condition was due "to anger at her catamenial function." She finally admitted the truth of his diagnosis, became reconciled to menstruation as the divine will in her being, and soon recovered.

Dr. Ingersoll disagreed with Drs. Clarke, Maudsley, and others that study during menstruation produces disturbances in the female functions. He said, "While the light of physiology is not to be rejected, it should not be accepted as the standard of the effects of study upon females."⁶ All patients who accepted his religious views on this function performed physical or mental work during these periods without any inconvenience.

He gives many instances of various forms of hysteria, the sexual bases of which he correctly diagnosed. He states that the patients were cured when they accepted sex as a natural and divine gift.

The case of Mr. J.,⁶ who was addicted to self-abuse and subject to seminal emissions, is particularly interesting. For years this patient struggled with his sex, consulted an eminent physician, who treated him by medications, attributed his seminal emissions to cerebral congestions, and told him that the emissions were "the work of nature to relieve the pressure on his brain, and unless he had them, he might have had apoplexy." After eight years of severe suffering, Mr. J. consulted Dr. Inger-

* Plato's matrix theory of hysteria is nicely described in his *Timaeus*.

soll, who told him that his trouble was spiritual, that it was due to a wrong conception of the relations of his bodily to his spiritual powers. "All your life," said the doctor, "you have been sorely grieved and well nigh angry with yourself that you were a man. The feeling and powers of sex which make you distinctly a man, you have never reckoned holy in Christ, nor redeemed by him." Dr. Ingersoll advised his patient to stop worrying and commit his sexuality to Christ, who would control it for him. In other words, he removed the conflict by showing the patient that sex is a natural God-given function, of which one need not be ashamed or afraid.

The case of Miss I. is also worthy of a brief description.⁶ This patient, a young married woman, consulted Dr. Ingersoll after she had been diagnosed as scrofulous and pronounced incurable by her physician. "When she came to me," Dr. Ingersoll states, "she was invariably nauseated after taking food, was unable to walk without a crutch, and frequently fainted in trying to cross a room." Investigation showed that her ailment began shortly before her marriage when she brooded over the idea that no wife could be pure if she had any enjoyment in sexual intercourse. She was determined not to allow marriage to create in her any sexual desire, and she had religiously adhered to this determination with entire success. Dr. Ingersoll told the patient that the want of sexual life was the cause of her illness, that she elevated everything except sex, which she thought low, that she had set up in her heart a false standard of purity, and that the sexual desire of her husband was not animal, as she thought, but given by God to woman as well as to man. After she became convinced, and acknowledged that God could bestow nothing that was impure, she felt that her husband had been purer than she. Her appetite then improved and she soon discarded the crutch and within a few weeks could walk four or five miles over rugged hills without lameness or fatigue. Dr. Ingersoll adds: "It is now five years since she was cured, and she still appears to enjoy perfect health, having in that time never been ill a day."

The report of this case sounds very simple in comparison to our present day case records. But we must not forget that the patient was diagnosed and treated as having an organic disease and that Dr. Ingersoll had the insight to diagnose the disease as hysteria on the basis of a psychosexual disturbance and cured the patient by his system of therapy. We could quote similar instances of hysteria from our present

day practice, in patients who were diagnosed and treated as having organic disease which turned out later to be functional. But in the '70s and '80s of the last century, things were quite different. At that time most of the reputable neurologists and psychiatrists considered hysterical symptoms as manifestations of some local cerebral irritations. When this case was reported, Freud was not yet a medical student.

Dr. Ingersoll was firmly convinced that "the physician of the soul was the healer of the body,"⁶ and for that reason, as well as for lack of training, he now and then made mistakes. Thus, he gives the case of a young lady who had lost her voice. Dr. Ingersoll diagnosed her aphonia as a repugnance which she felt towards becoming a mother, and when he told this to the patient, she whispered that if she should ever marry a good husband, he would not wish her to have children. He ends up by saying that she could not be convinced of the truth, and died in a few months of consumption. There is no doubt that this patient had a distorted view of sex and that hysterical symptoms often develop in such predisposed persons, but to the medically trained psychotherapist, it would seem that Dr. Ingersoll dealt here with a case of tuberculosis of the larynx.

At all events, Dr. Ingersoll was the first American physician to my knowledge who stressed the sexual factors in the neuroses. He was a truly religious man, who, having been influenced by his Quaker mother, set out to serve mankind. His own sexual struggles showed him the psychogenesis of the neuroses long before Freud discovered and described them. His method of treatment consisted of a mixture of religion and crude science. When one reads his book, one sees that he was influenced by his times, when many people were still under the spell of the Fox sisters, who brought spirit mediums into vogue. Dr. Ingersoll diagnosed a few cases as spirit mediums, but rejected spiritualism as well as mesmerism and hypnotism, as "evils very dangerous to the soul."⁶ In the light of our present knowledge his method of treatment consisted mainly of suggestion and interpretation; the former was of a religious while the latter was of an erotic nature. The only ceremonial that he inaugurated into his treatment was "head-hanging," which he described as follows: "To relax the nervous and muscular systems is to drop the head towards the chest, to sit with every muscle relaxed, sometimes for hours, and to let go all will over the muscular systems, just as you have seen people do when asleep in their chair."⁶ He states that the mental condition during

this posture was expressed by Wordsworth in these words:

"In such high hour
Of visitation from the Living God
Thought was not."

It is, according to Dr. Ingersoll, a complete yielding to Christ, to whom all sensations of sexual feelings are thus committed. He firmly believed that Christ revealed to him the second birth through his sexual life by giving him love and reverence for it.⁵ He dilates upon this thought by quoting the words of Paul: "I am crucified with Christ; nevertheless, I live; yet not I, but Christ liveth in me." (*Galatians* II:20) This mystical identification with Christ—that is, a direct union with God, the aim of all mystics, was also experienced by Dr. Ingersoll. But, we know that mysticism furnishes the clearest examples of the influence of the mind on the body, and that belief is the most ideal therapy in psychic disturbances. Unfortunately, such suggestive therapy is at best of a transient nature. Dr. Ingersoll's personality shows much of the religious mystic and his therapy was undoubtedly based on a profound conviction that he represented Christ, the healer. He did not, however, depend on this alone. In addition to his deep conviction, which he imparted to his patients, he also resorted to the interpretation of the symptoms on a psychosexual basis. In this he not only anticipated Freud, but in a crude way he perceived and described many of the psychoanalytic concepts.

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